



Frequently Asked Questions (FAQ)

Intensive Care Coordination (ICC)

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What is ICC and Who Can Provide ICC?

Intensive Care Coordination is a service provided to a youth and their family designed to maintain the youth in, or transition to, a family-based or community-based setting. ICC serves youth and families with complex, challenging behavioral health issues who typically represent the upper 10 – 20% of a "severity" pyramid. The service of ICC is characterized by facilitation and coordination that extends beyond the case management activities of the public child-serving system.

The provision of ICC is open to both CSBs and private providers. Following the State Executive Council (SEC) Policy, effective July 1, 2014, all ICC providers must be trained in the High Fidelity Wraparound (HFW) model. All educational, training, and supervision requirements for ICC can be found in the [2013 ICC Policy](#).

A list of all agencies with providers who have completed the required training can be found in the High Fidelity Wraparound section of the CSA website.

What is High Fidelity Wraparound (HFW)?

High Fidelity Wraparound is an evidenced-based planning process that holistically addresses a youth's and family's behavioral and social needs to develop self-efficacy. In Virginia, HFW is the process by which the service of ICC is delivered. The HFW model is grounded in 10 principles and follows a "structured" series of four phases with associated activities and documentation. HFW is coordinated by a facilitator (the Intensive Care Coordinator) who helps the family to develop their team and guides this team through the 12-18 month planning process. The team consists of system partners, treatment providers, and others significant to the family (natural supports). Through monthly planning meetings, this team works together to help the family achieve their vision by developing specific, measurable plans to meet the prioritized needs of the family. HFW provides the family with voice and ownership; the youth and family drive the process, sharing their voice and choice as it relates to their needs and plan, and eventually, the youth and family will lead the meetings.

How is ICC Different from Targeted Case Management?

HFW is a team-based planning process. The facilitator (Intensive Care Coordinator) is the "keeper of fidelity" responsible for ensuring that the framework is honored. In HFW, all decisions and planning occur within the team, and all concerns and needs come to

the team for planning. HFW relies on the strengths and knowledge of each team member and focuses on transitioning these skills to the family and their natural supports (self-efficacy).

A specific theory of change drives HFW as the foundation for how the process is carried out and why the process works. The Theory of Change centers around increasing youth and family self-efficacy by prioritizing youth and family needs, developing natural supports, and integrating planning.

What Restrictions Exist for the Provision of ICC and Other Services?

Virginia Medicaid (DMAS) (following Federal Guidelines) categorizes ICC as a Case Management Service. As a result, regulations regarding non-duplication apply, meaning that other billed Case Management services (e.g., Treatment Foster Care – Case Management, Mental Health Case Management) cannot occur while ICC is in place.

Can ICC be Provided to a Youth in Residential Placement?

Virginia Medicaid (following Federal Guidelines) allows for a three-month pre-discharge period for the concurrent provision of ICC while a youth is in Residential Placement. This allowance falls under the Transition Coordination Model (part of the Children's Mental Health Program) in the DMAS Provider Manual. During the overlap period, the ICC can begin engagement activities and develop a High Fidelity Wrap (HFW) Plan related to discharge planning and other HFW Team identified needs.

Can the ICC Serve as the Lead Agency Case Manager for FAPT?

The ICC cannot be the lead agency case manager for FAPT. If the ICC is a CSB employee, the lead agency case manager must be a separate individual from a child-serving agency (schools, DSS, DJJ, or CSB).

The local CSA may purchase the FAPT case oversight function from the CSB by using the Case Support service ([Standardized Service Names](#))

I am a new staff and have not yet been trained in HFW; can I still provide the service?

Yes, new staff can serve in the ICC role provided they complete the next available HFW facilitator training and are supervised by someone who has completed the required HFW training.

More information on ICC can be found in the HFW section of the CSA website:

[High Fidelity Wraparound](#)